

UNITED STATES BANKRUPTCY COURT  
Middle DISTRICT OF Pennsylvania

In re: David R. and Derine P. Thompson  
Debtor

Case No. 1-18-00449

INITIAL MONTHLY OPERATING REPORT

File report and attachments with Court and submit copy to United States Trustee within 15 days after order for relief.

Certificates of insurance must name United States Trustee as a party to be notified in the event of policy cancellation.  
Bank accounts and checks must bear the name of the debtor, the case number, and the designation "Debtor in Possession."  
Examples of acceptable evidence of Debtor in Possession Bank accounts include voided checks, copy of bank deposit agreement/certificate of authority, signature card, and/or corporate checking resolution.

REQUIRED DOCUMENTS	Document Attached	Explanation Attached
12-Month Cash Flow Projection (Form IR-1)	✓	✓
Certificates of Insurance:		
Workers Compensation		
Property	✓	✓
General Liability		
Vehicle	✓	✓
Other: <u>Inland Marine</u>	✓	✓
Identify areas of self-insurance w/liability caps		
Evidence of Debtor in Possession Bank Accounts		
Tax Escrow Account		
General Operating Account		
Money Market Account pursuant to Local Rule 4001-3 for the District of Delaware only. Refer to: <a href="http://www.deb.uscourts.gov/">http://www.deb.uscourts.gov/</a>		
Other:		
Retainers Paid (Form IR-2)	✓	✓

I declare under penalty of perjury (28 U.S.C. Section 1746) that this report and the documents attached are true and correct to the best of my knowledge and belief.

David R. Thompson  
Signature of Debtor

8/19/2018  
Date

Derine P. Thompson  
Signature of Joint Debtor

8/19/2018  
Date

\_\_\_\_\_  
Signature of Authorized Individual\*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Authorized Individual

\_\_\_\_\_  
Title of Authorized Individual

\*Authorized individual must be an officer, director or shareholder if debtor is a corporation; a partner if debtor is a partnership; a manager or member if debtor is a limited liability company.

FORM IR  
(4/07)

## DECLARATIONS



ERIE INSURANCE EXCHANGE  
HOMEPROTECTOR POLICY  
ULTRACOVER

AMENDED DECLARATIONS 01 \* \*  
EFFECTIVE 08/20/18 ATTACH THIS TO YOUR POLICY.

REASON FOR AMENDMENT - AMENDED SECOND MORTGAGEE

AGENT	ITEM 2. POLICY PERIOD	POLICY NUMBER
AA7605 FARNHAM INSURANCE AGY	08/20/18 TO 08/20/19	7477
ITEM 1. NAMED INSURED AND ADDRESS	ITEM 3. OTHER INTEREST	

DENISE P THOMPSON &  
DAVID R THOMPSON  
P O BOX 1005  
NEW KINGSTOWN PA 17072-1005

AS LISTED BELOW  
OR ON REVERSE SIDE

AGENT - FARNHAM INSURANCE AGY

507 N YORK ST STE 2

AGENT PHONE - (717) 766-8678

MECHANICSBURG PA 17055 2778

COVERAGE BEGINS AND ENDS AT 12.01 AM STANDARD TIME AT THE LOCATION OF THE  
INSURED PROPERTY. UNTIL TERMINATED, THIS POLICY WILL CONTINUE IN FORCE.

LOCATION OF RESIDENCE PREMISES IF OTHER THAN STATED IN ITEM 1 OR IF SPECIFIC  
DESIGNATION IS NEEDED. ZIP CODE - 17013 MIDDLE TWP, CUMBE CO  
199 BEAGLE CLUB ROAD CARLISLE PA.

PROPERTY INFORMATION - PRIMARY RESIDENCE, YEAR OF CONSTRUCTION 2002, VINYL OVER  
FRAME, PROTECTION CLASS B.  
PROPERTY IS WITHIN 1000 FEET OF A FIRE HYDRANT AND WITHIN 5 MILES OF  
A RESPONDING FIRE DEPARTMENT.

\* THE AMOUNT OF INSURANCE APPLYING TO THE DWELLING IS THE REPLACEMENT COST  
AT THE TIME OF THE LOSS, SUBJECT TO POLICY CONDITIONS AND REQUIREMENTS.  
THE ESTIMATED REPLACEMENT COST OF THE DWELLING IS \$ 369,000.

#### SECTION I - PROPERTY PROTECTION

DWELLING

AMOUNT OF INSURANCE

\*GUARANTEED REPLACEMENT COST

OTHER STRUCTURES

\$ 73,800

PERSONAL PROPERTY

\$ 276,750

LOSS OF USE

LOSS SUSTAINED NOT TO

EXCEED 12 CONSECUTIVE MONTHS

#### SECTION II - HOME AND FAMILY LIABILITY PROTECTION

PERSONAL LIABILITY - EACH OCCURRENCE

\$1,000,000

MEDICAL PAYMENTS TO OTHERS - EACH PERSON

\$ 1,000

NO DIFFERENCE IN PREMIUM DUE TO THE CHANGE

\$ .00

SECTION I DEDUCTIBLE \$ 1000.

APPLICABLE FORMS - 2005 02/01, HPFP 02/03, HPGN 08/10, UF2733 01/09, HPHK 08/10,  
HPAAN 01/97, HPPA 04/11, HPCT 07/11, UF4839 10/16, UF2743 02/15, FORMSA 11/12.

PRIMARY RESIDENCE-MORTGAGEE

LN 9675

NATIONSTAR

PO BOX 7729

SPRINGFIELD OH 45501-7729

PRIMARY RESIDENCE-2ND MORTGAGEE

LN 5127

FIRST NATIONAL BANK OF

PENNSYLVANIA ISAOA ATIMA

P O BOX 703809

DALLAS TX 75370-3809

AGTPAF

07/18/18

NO BUSINESS PURSUITS ARE CONDUCTED AT THE PREMISES, EXCEPT AS FOLLOWS -

**ADDITIONAL COVERAGES**

YOUR PREMIUM REFLECTS SAVINGS DUE TO A HIGHER DEDUCTIBLE  
PREMISES ALARM SYSTEM - TYPE 1

ENHANCEMENT ENDORSEMENT - INCLUDES ORDINANCE OR LAW COVERAGE;  
INCREASED LIMITS OF COVERAGE FOR TREES, SHRUBS, PLANTS AND  
LAWNS; UP TO \$ 20000 FOR SEWER OR DRAIN BACKUP COVERAGE, AND  
INCREASED SPECIAL LIMITS INCLUDING UP TO \$5,000 FOR THEFT,  
MISPLACEMENT OR LOSING OF JEWELRY, WATCHES, FURS, SILVERWARE  
AND GUNS.

AUTO/HOME MULTI POLICY DISCOUNT APPLIES

7477



Agent Copy

## Your Auto Policy Declarations (Amended)

Coverage provided by:

**Erie Insurance Exchange**

110 Erie Insurance Place Erie, PA 16530

www.erieinsurance.com

Amendment Effective 07/07/2018

<b>Named Insured</b>	<b>Policy Number</b>	<b>Your ERIE Agent</b>	<b>Agent Phone</b>
DAVID R THOMPSON & DENISE P THOMPSON P O BOX 1005 NEW KINGSTOWN, PA 17072-1005	5056 <b>Policy Period</b> 07/07/2018 to 07/07/2019 <b>NAIC Code</b> 26271	FARNHAM INSURANCE AGENCY 507 N YORK ST STE 2 MECHANICSBURG, PA 17055-2778	(717)766-8678  <b>Agency #:</b> AA7605 <b>Agent #:</b> AA7605

**Total Annual Policy Premium: (This is not a bill. Your invoice will follow in a separate mailing.)** **\$1,493.00****Your premium is based on Good Driver rates.****YOUR COLLISION COVERAGE AND DEDUCTIBLE APPLY TO PRIVATE PASSENGER AUTOS YOU OR A RESIDENT RELATIVE RENT FOR 45 DAYS OR LESS. THIS IS SUBJECT TO LIMITATIONS, TERMS AND CONDITIONS IN THE POLICY.**

Vehicles Covered:		Vehicle Rating Information:											
Vehicle	VIN	State	Ter	PHY	LI	OT	CM	CL	Rating	Class	Use	Annual miles	DDP
1. 2014 HOND PILOT TOUR	5FN9F4H94EB008378	PA	4F		02	07	50	45	A1ALM	FM50	Pleasure	8,501 or greater	
2. 2014 RAM 1500 CREW	1C6RR7WT7ES182788	PA	4F		04	03	66	59	A1ALM	MM55	Pleasure	8,501 or greater	
3. 2014 LOAD TRAILER	4ZEC1825E1060466	PA	4F	02									

**Driver Rating Information:**

Drivers Included	Age	Status	Gender	Vehicle
DAVID R THOMPSON	55	Married	Male	2
DENISE P THOMPSON	50	Married	Female	1

If a driver is not a resident relative as defined in your policy, coverages, benefits and rights may be limited. Refer to your policy and its endorsements for terms, definitions, limitations, reductions, exclusions and conditions.

**Discounts that apply:**

Discounts that apply:	Vehicle:
Age 55 or Over Discount	2
Anti-Lock Brake Discount	1, 2
Anti-Theft Discount/Passive Non-Disabling	1, 2
Multi-Car Discount	1, 2
Multi-Policy Discount - Auto/Home	1, 2, 3
Passive Restraint Discount/Multiple Airbags	1, 2
Prior Bodily Injury Limits Discount	1, 2
Safe Driver Discount	1, 2

Thank you for being a responsible driver. The Safe Driver Discount has been applied to your policy premium.

Feature Fifteen applies to your policy. Because you've been a loyal ERIE customer for at least 15 years, no surcharge will ever be applied to your policy for future at-fault accidents.

**Coverages/Limits of Protection/Premiums**

Insurance is provided where a premium is shown for the coverage. Coverages, limits and annual premiums are as follows:  
The **Full Tort** Option applies to all private passenger vehicles.

Policy Number  
5056

Your ERIE Agent  
FARNHAM INSURANCE AGENCY  
(717)766-8678

Policy Period  
07/07/2018 to 07/07/2019

	Vehicle (premium in \$)		
	1	2	3
<b>Liability Protection</b>			
Bodily Injury \$1,000,000 per person/ \$1,000,000 per accident	104.00	107.00	
Property Damage \$100,000 per accident	87.00	91.00	
<b>First Party Benefits</b>			
Medical Expense \$100,000	69.00	62.00	
Income Loss \$1,000/Month / \$15,000 Maximum	5.00	5.00	
Accidental Death \$5,000	1.00	1.00	
Funeral Benefit \$2,500	1.00	1.00	
<b>Uninsured Motorists</b>			
Bodily Injury \$300,000 per person/ \$300,000 per accident-Stacked	9.00	8.00	
<b>Underinsured Motorists</b>			
Bodily Injury \$300,000 per person/ \$300,000 per accident-Stacked	93.00	84.00	
<b>Physical Damage</b>			
Comprehensive - \$100 deductible	108.00	146.00	22.00
Collision - \$500 deductible	160.00	199.00	13.00
<b>Optional Coverages</b>			
Road Service	4.00	4.00	5.00
New Auto Security	45.00	59.00	
<b>Annual Premium per Vehicle</b>	<b>\$ 686.00</b>	<b>767.00</b>	<b>40.00</b>
<b>Total Annual Policy Premium</b>			<b>\$1,493.00</b>

Premium change as a result of this amendment: \$ 73.00

Form numbers listed below that have an asterisk (\*) are included with this mailing. Form numbers without an \* were included with a previous Declaration. Any applicable Named Driver Exclusion form has been provided to you by your Agent.

**Applicable Policy, Endorsements and Notices**

	Form #	Vehicle(s)
Auto Insurance Policy - Pennsylvania	AP-PA 04/13	1, 2, 3
New Auto Security Coverage Endorsement	AFAC01 09/15	1, 2
Policy Change Endorsement - Pennsylvania	AFPA03 11/17	1, 2, 3
First Party Benefits Endorsement - Pennsylvania	AFPF01 11/17	1, 2
Uninsured/Underinsured Motorists Coverage Endorsement - Pennsylvania	AFPU01 11/17	1, 2
Subscribers Agreement	FORM SA 11/12	1, 2, 3
Important Notice Regarding Changes To Your Pennsylvania Auto Insurance Policy	UF4777 06/18	1, 2, 3
Erie Insurance Privacy Notice	UF4839 10/16	1, 2, 3
Pennsylvania - Notice To Policyholders	UF6853 03/18	1, 2, 3

Unless a co-owner or lienholder is listed below, the Named Insured is the sole owner of each vehicle we insure.



**Policy Number**  
5056

**Your ERIE Agent**  
FARNHAM INSURANCE AGENCY  
(717)766-8678

**Policy Period**  
07/07/2018 to 07/07/2019

**Agent #:** AA7605

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**Lienholder(s)**

**Vehicle 1**

PA CENTRAL CU  
939 E PARK DR  
HARRISBURG, PA 17111-2894

**Vehicle 2**

BELCO COMMUNITY CU  
P O BOX 82  
HARRISBURG, PA 17108-0082

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**Miscellaneous Information**

**Fraud Notice:** Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and payment of a fine of up to \$15,000.

Each vehicle we insure will be principally garaged at the address listed under Named Insured, unless otherwise indicated below.  
All vehicles are garaged at 199 BEAGLE CLUB RD CARLISLE PA 17013

**Reason for Amendment:** PAYMENT OPTION CHANGE.

In re David R. and Denise P. Thompson

Case No. 1-18-00449

Debtors

**CASH FLOW PROJECTIONS FOR THE 12 MONTH PERIOD: August 2018**

**through July 2019**

This schedule must be filed with the Court and a copy submitted to the United States Trustee within 15 days after the order for relief. Amended cash flow projections should be submitted as necessary.

	Cash Beginning of Month												Total
	Month 8/18	Month 9/18	Month 10/18	Month 11/18	Month 12/18	Month 1/19	Month 2/19	Month 3/19	Month 4/19	Month 5/19	Month 6/19	Month 7/19	
CASH SALES													
ACCOUNTS RECEIVABLE													
LOANS AND ADVANCES													
SALE OF ASSETS													
OTHER (ATTACH LIST)													
<b>INCOME 148,694</b>													
TOTAL RECEIPTS	148,694												
NET PAYROLL													
PAYROLL TAXES													
SALES USE AND OTHER TAXES													
INVENTORY PURCHASES													
SECURED RENTAL/LEASES													
INSURANCE													
ADMINISTRATIVE & SELLING													
OTHER (ATTACH LIST)													
<b>5,058.24</b>													
PROFESSIONAL FEES													
U.S. TRUSTEE FEES													
COURT COSTS													
<b>5,058.24</b>													
TOTAL DISBURSEMENTS													
<b>5,058.24</b>													
NET CASH FLOW													
<b>(5,058.24)</b>													
DEBITORS LESS DISBURSEMENTS													
<b>(5,058.24)</b>													
Cash End of Month	253.29												

**Thompson Mc**  
**Au**

<u>Amt.</u>	<u>Expense</u>
\$509.75	Gas & Auto
\$158.10	Cable, Phone, Internet
\$142.66	Cell Phones
\$87.80	Homeowners Insurance
\$141.72	Life Insurance
\$124.41	Auto Insurance
\$385.23	Dodge Truck Payment
\$246.00	Honda Pilot Payment
\$1,182.00	Mortgage
\$129.74	Self Storage Unit
\$18.00	Security System
\$188.11	Electric Bill
\$138.99	Water/Sewer Bill
\$35.00	Turnpike Tolls
\$246.00	Restaurants
\$480.00	Groceries
\$221.00	Healthcare/Perscriptions
\$350.00	Misc. Household
\$22.00	Gifts
\$32.00	Pets
\$33.00	Misc. Merchandise
\$2.00	US Postal
\$40.00	ATM Withdrawl
<u>\$125.00</u>	Home Improvements
<b>\$5,038.51</b>	<b>Total Montly Disbursements</b>



## Monthly Disbursements

### August 2018

#### Notes

Xfinity  
Spring  
Erie Insurance Group  
Primerica  
Erie Insurance Group  
Belco Credit Union  
PA Central Federal Credit Union  
Nationstar/Mr. Cooper  
Trindle Self Storage ~ preparation for move \* will be \$190/Mo.  
ESCO ~ House Security System  
PP&L Utilities  
MTMA ~ Billed Quarterly  
EZ Pass Account  
Food Expense  
Food Expense  
CO Pays & Mo. Perscriptions  
Clothing, Personal Supplies, Hair Etc.  
Birthday Gift ~ Friend  
Dog Grooming  
Cleaning Supplies & Household Products  
Postage  
Withdrawal Cash  
Household Repairs

**Debtor**

Case No. 1-18-00449  
Reporting Period: \_\_\_\_\_

**(This schedule is to include each Professional paid a retainer ')**

[illegible]

Case 1:18-bk-00449-RNO Doc 124 Filed 08/30/18 Entered 08/30/18 16:04:38 Desc  
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